

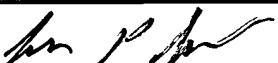
2645
TnJ

TRANSMITTAL FORM <small>(Use for all correspondence after initial filing)</small> <small>OCT 26 2005</small>		Application Number	09/611,178
		Filing Date	July 6, 2000
		First Named Inventor	Jack Chang
		Art Unit	2645
		Examiner Name	Lisa Hashem
Total Number of Pages in This Submission		Attorney Docket Number	UNI-0001

ENCLOSURES (check all that apply)

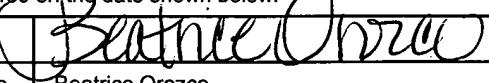
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <small>Declaration of Jack H. Chang Pursuant to 37 C.F.R. § 1.131 (8 pages); Exhibits A-I.</small>

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	THELEN REID & PRIEST LLP		
Signature			
Printed Name	John P. Schaub		
Date	10/24/05	Reg. No.	42,125

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Date 10/24/2005	

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 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>OCT 26 2005 FEE TRANSMITTAL for FY 2005</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete If Known</p> <table border="1"> <tr> <td>Application Number</td> <td>09/611,178</td> </tr> <tr> <td>Filing Date</td> <td>July 6, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jack Chang</td> </tr> <tr> <td>Examiner Name</td> <td>Lisa Hashem</td> </tr> <tr> <td>Art Unit</td> <td>2645</td> </tr> <tr> <td>Attorney Docket No.</td> <td>UNI-0001</td> </tr> </table>		Application Number	09/611,178	Filing Date	July 6, 2000	First Named Inventor	Jack Chang	Examiner Name	Lisa Hashem	Art Unit	2645	Attorney Docket No.	UNI-0001
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TOTAL AMOUNT OF PAYMENT	(\$) 510.00														

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: THELEN REID & PRIEST LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
_____ - 20 or HP =	_____	_____ X _____	= _____	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
_____ - 3 or HP =	_____	_____ X _____	= _____	_____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) X _____	= _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : (2253) Ext. within third month.

510.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,125	Telephone	(408) 292-5800
Name (Print/Type)	John P. Schaub	Date 10/24/05			

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